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DEPARTMENT OF HEALTH  
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**Date:** Wednesday, September 01, 2004  
**To:** *PTBMIS Codes Manual* Update Group  
**From:** Wendy Long, MD, Bureau Director  
**Subject:** *PTBMIS Codes Manual* Update

The latest changes to the *PTBMIS Codes Manual* are included in this e-mail. These changes have been approved by the Codes and RVU Validation Committee (CRVC) with my endorsement. Please update your manual with these changes.

The latest changes to the manual are shown as described below:

- This cover memo will attempt to explain the changes to each section in such detail as to allow the user to have an understanding of the change to that section. Please insert this cover memo in the front of your *PTBMIS Codes Manual* for future reference.
- Actual changes to the manual are shown with **shaded text**, that is, gray background and black letters. Each time a given page changes, the **shaded text** from previous changes will be replaced with normal text. The “Last Change Date” at the top of each page indicates the last time this page was revised.
- Within a given section, changed or added words will be denoted by **shaded text**.
- Deleted lines or rows in a table will be replaced with the words ‘Service Deleted’ in **shaded text**. At the next change of this page, these lines or rows will be deleted from the section.

- These procedures will replace the need for a “Change Page” at the end of each section of the manual. As sections are changed, existing “Change Pages” for those sections will be removed from the manual.

Please refer to the instructions on the following pages for removing old pages and adding new pages to the *PTBMIS Codes Manual*.

1. Table of Contents		
Remove pages 1-7		Add pages 1-7
2. Section 10 – Introduction		
Remove page 1		Add page 1
SECTION	EXPLANATION	
10.00	Added <i>International Classification of Diseases (ICD-9)</i> .	
3. Section 70 – Communicable Disease		
Remove pages 12-14, 16-23		Add pages 12-14, 16-29
SECTION	EXPLANATION	
70.080	Changed to more specific diagnosis code for Chlamydia, Gonorrhea, HIV, Syphilis. Added comment referring to ICD-9-CM for appropriate ICD-9 code. Added <i>clinical</i> to the fourth paragraph in comment section which addresses billing third party pay sources. Changed Field to <i>Home/Off-Site Visits</i> in fifth paragraph in comment section.	
70.090	Removed all comments in first comment section <i>Except</i> : Sentence regarding coding counseling in addition to Other or Preventive Visits.	
	TB <i>Elimination</i> Program Definitions – Removed all 86580 modified codes regarding high and low risk, two step and repeat skin test. New definition for remaining codes.	
70.104	Deleted	
70.108	Deleted	
70.110	Deleted	
70.120	Deleted	
70.130	Deleted	
70.140	New Section for TB screening/skin testing for individuals.	
70.150	New section for TB Treatment.	
70.160	New section for TB-Contact-Investigation, Any Site.	
70.170	New Section for Community Site/Targeted Testing.	
4. Section 80 – Dental		
Remove pages 1-5		Add pages 1-5
SECTION	EXPLANATION	
80.010	Added asterisk* to DP program code and comment section	
80.040	Deleted	
80.050	Deleted	
5. Section 100 – Family Planning		
Remove pages 16-18		Add pages 16-18
SECTION	EXPLANATION	
100.140	Removed <i>with prior authorization</i> from reimbursement column. Removed entire first comment section.	
100.150	Removed <i>with prior authorization</i> from reimbursement column. Removed entire first comment section.	
100.160	Added <i>with prior authorization</i> from reimbursement column.	
6. Section 220 – Vaccines/Immunizations		
Remove pages 7,8		Add pages 7,8
SECTION	EXPLANATION	
220.060	Added the word <i>thru</i> to Hepatitis B procedure. Newborn <i>thru</i> 19 yrs.	

## 7. Section 230 – Visits

Remove page 34-36		Add page 34-36
SECTION	EXPLANATION	
230.330	Removed <i>High Risk Patients</i> and the <i>H</i> modifier from code 86580H. Removed codes 86580L 86580NH and 86580T. Removed <i>Low Risk</i> from code 86580NS. Comment now refers to positive skin test Section 70.150 TB treatment.	
230.340	Removed <i>High Risk</i> and <i>H</i> modifier from code 86580H. Removed codes 86580L and 86580T. Removed read positive and read negative from diagnosis column. Added <i>or as appropriate</i> to TB skin test diagnosis column	
230.340	Added <i>all dental staff and any nursing staff who apply Dental Fluoride Varnish</i> to list of employees who can receive Tetanus vaccination.	

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# 10.00 - GENERAL INFORMATION

## 10.010 - General Information

**Last Change Date: 9/1/2004**

This *PTBMIS Codes Manual* is the result of continuous input from public health providers in every region across the state. It is designed to be a guide for correct coding used by all providers who code on encounter forms. The proper use of this standardized reference manual will ensure that providers code services and activities accurately, completely and consistently across the state.

The codes manual is intended as a guide to show providers how to correctly code encounters for those situations occurring most frequently or routinely. Many special circumstances are also covered. However, it is not possible to describe every circumstance that might happen in patient care. Therefore, in unusual cases providers should consult this PTBMIS Codes Manual, Current Procedures Terminology (CPT), International Classification of Diseases (ICD-9), and the HCFA Common Procedure Coding System (HCPCS) for the clinical situation closest to their actual circumstances and then rely on their professional judgment and experience to decide how best to code the service.

Similarly, it is not the intention of this manual to provide exhaustive list of every code for every possible service (such as lab codes, visit codes, etc.) It is understood that this manual is a quick guide supported by other coding sources such as PTBMIS Procedures Codes list, Current Procedure Terminology (CPT), and the HCFA Common Procedure Reporting System (HCPCS). Please refer to these coding sources when necessary.

Please keep in mind, when using CPT Evaluation and Management (E/M) codes, that the CPT Services Guidelines should be followed. Levels of E/M service descriptors and examples in the selected category or subcategories should be reviewed. For example, when selecting a new patient office visit, level 99201 - 99205, the key components of history, exam and medical decision-making should be properly determined in the selection of the office visit level and documented accordingly in the medical record.

The *Bureau of Health Services Definition of New and Established Services*, which defines the new and established Public Health Patient, follows.

## 70.080 - STD - STD Visits (Treatment, Follow-up, Contact, Counseling)

Last Change Date: 9/1/2004

PROCEDURE/.	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Other Visit, Time/., Specific</u>		ST	As Approp	As Appropriate For Reportable STDs		
New Patient/	99201 - 99205		Pvt Pay: 6	AIDS	042	1
Established Patient	99211 - 99215			Chlamydia (unspec.urinary site)	<del>07998</del> 09955	
Lab(s) completed				Gonorrhea (acute genitourinary)**	0980	
Venipuncture (if done)	36415			HIV (asymptomatic infection)	<del>07953</del> V08	
Lab handling ( if outside lab)	99000		TNCare: - (AXXX)	STD Contact / Exposure	V016	
Drugs dispensed *- use Pharmacy Module				Syphilis, (Early Latent)	<del>0970</del> 0929	
Related Functions				Syphilis, Latent,(Unknown Duration)	0971	
Counseling (ONLY IF VISIT NOT CODED -- see comments for exceptions)	99401 - 99404			Syphilis Primary, (genital)**	<del>0912</del> 0910	
Recheck Visit	3734		6	Syphilis, Secondary	<del>0919</del> 0913	

\* If an injection is given, use injection code 90782

\*\*If non-genital, refer to ICD-9-CM manual for appropriate ICD-9 code.

**70.080 - STD - STD VISITS (Continued on Next Page)**

## 70.080 - STD - STD VISITS (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
***Home / Off-Site Visit	99350H	ST	As Approp	Venereal Disease, Unspecified	0999	1
Attempted Home Visit	99348A					
<b>COMMENTS:</b> Use ST Program Code for HIV clinic when patient does not meet Ryan White eligibility criteria. Use AR (AIDS Ryan White) Program Code for HIV clinic <u>only if patient qualifies for Ryan White</u> .  Do not code counseling in addition to an Other or Preventive Visit since counseling is considered part of the visit.  The highest level provider should code the visit. <b>EXCEPTION: If patient requests HIV testing in addition to the ST visit, the provider who does the HIV testing and counseling should code the appropriate counseling code using AP (AIDS Prevention) as the program code for the counseling and the HIV test and Reimbursement Code 6 (Private Pay).</b> Do not code condoms dispensed.  Third party pay sources may be billed for <b>clinical</b> services provided to patients under the ST Program <b>WITH SIGNED CONSENT FROM THE PATIENT</b> .  <b>For <del>Field</del> Home/Off-Site Visits to contacts, use the <u>source case</u> record to establish the encounter. If source case has no record, open one.</b> When the contact presents to clinic, open record on contact.						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as appropriate. Refer to <a href="#">TennCare Section</a> to identify activities and services related to TennCare.						

## 70.090 - STD - Field Service

**Last Change Date: 9/1/2004**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Field Service (Audit, Mass Screening, Contact, Mass Education)		ST	6	As Approp <b>OR</b>	As Approp	# 30 Min Incs
"C" Registration (Community Service) (Has <b>NO</b> Medical Record)	78059			HIV Counseling	V6544	
"L" Registration (Long) (Has Medical Record)	3560					
<b>COMMENTS:</b> <del>Use ST Program Code for HIV clinic when patient does not meet Ryan White eligibility criteria. Use AR (AIDS Ryan White) Program Code for HIV clinic <u>only if patient qualifies for Ryan White.</u></del>  <del>Code treatment for Reportable Sexually Transmitted Diseases only using ST Program Code. For non-reportable disease (i.e., Condyloma) visits/treatment, use CH/WH/MH. Do not code counseling in addition to an Other or Preventive Visit since counseling is considered part of the visit.</del>  <del>The highest level provider should code the visit. <b>EXCEPTION: If patient requests HIV testing in addition to the ST visit, the provider who does the HIV testing and counseling (AIDS Counseling and Testing Data Sheet) should code the appropriate counseling code using AP (AIDS Prevention) as the program code for the counseling and the HIV test and Reimbursement Code 6 (Private Pay).</b> Do not code condoms dispensed.</del>  <del>Third party pay sources may be billed for services provided to patients under the ST Program <b>WITH SIGNED CONSENT FROM THE PATIENT.</b></del> <del>-</del> <del><b>For Field Visits to contacts, use the source case record to establish the encounter. If source case has no record, open one.</b> When the contact presents to clinic, open record on contact.</del>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as appropriate. Refer to <a href="#">TennCare Section</a> to identify activities and services related to TennCare.						

# TB Elimination Program Definitions

**Last Change Date:**

## **TB Screening/Skin Testing:**

TBS	Screening of individual for TB utilizing TB/LTBI Risk Assessment Tool (RAT), health department or other location.
3734	Skin Test Reading

## **TB Treatment:**

99347H	Directly Observed Therapy (DOT), Health Department or any Location DOT only. Limited contact with patient to provide DOT with assessment for signs and symptoms of toxicity. Performed by Public Health Nurse or other trained health department personnel.
99348A	Attempted Visit, Home or any Off Site Location Attempted visit for DOT, contact investigation, follow-up lab work; patient not located or contacted. Performed by Public Health Nurse or other trained health department personnel.
99350H	Follow-up Visit, Home or any Off Site Location - Monthly follow-up visit, interval history, drug monitoring, biochemical monitoring, screening co-existing disease. May include Directly Observed Therapy (DOT). May include referrals, review of test results, counseling and education, gathering additional information. Performed by Public Health Nurse or other trained health department personnel.
3734	Recheck, Health Department or Other Location Follow-up visit for TB skin test
3560	Field Service Visit, Off Site (other than Health Department) – Patient has medical record. Limited patient contact to gather information or initiate contact investigation. Performed by Public Health Nurse or Public Health Representative. Number of units should reflect 30 minute increments. (Example: field service visit, 60 minutes equals 2 units).
1516	Case Closure Close out TB case. Use with appropriate disposition code.



## TB Elimination Program Definitions, Continued

### **Contact Investigation:**

99350H	<p>Contact Investigation, Initial Visit OR Follow-up Visit(s), Any Off Site Location (including jails, prisons, etc.)</p> <p>Initial Visit - Initial contact investigation, conduct initial interview, collect lab work, administer TB skin test, if appropriate. Public Health Nurse or other trained health professional..</p> <p>Follow-upVisit - Monthly follow-up visit, interval history, drug monitoring, biochemical monitoring, screening co-existing disease. May include Directly Observed Therapy (DOT). May include referrals, reviews of test results, counseling and education, gathering additional information, Public Health Nurse or other trained health department personnel.</p>
99348A	<p>Attempted Visit, Any Off Site Location</p> <p>Attempted visit for DOT, contact investigation, follow-up lab work; patient not located or contacted. Performed by Public Health Nurse or other trained health department personnel.</p>
3560	<p>Field Service Visit, Off Site (other than Health Department) - Patient has medical record.</p> <p>Gather information from patient or initiate contact investigation. Performed by Public Health Nurse or Public Health Representative. Number of units should reflect 30 minute increments. (Example: field service visit, 60 minutes equals 2 units).</p>

## TB Elimination Program Definitions, Continued

### Community Site/Targeted Testing:

78059	Community Site - Educational Counseling Visit Preventive education and counseling of individual community, business leaders or groups of clients. May be performed by Public Health Nurse or other trained TB personnel; time spent should be documented in 30 minute increments.
78059TP	Community Site – Total Population Total population of the community site where TB screening, preventive education and tuberculin testing occurs; enter total number of persons in the group, regardless of whether they are individually contacted.
78059SP	Community Site – Total Screened Population Total number of persons screened individually with the TB/LTBI Risk Assessment Tool (RAT).
78059IN	Community Site – Use of Interpreter Number of individuals screened (with TB/LTBI Risk Assessment Tool) in a language other than English; interpreter is used
78059HR	Community Site – High Risk Number of individuals identified as High Risk among those screened with the TB/LBTI Risk Assessment Tool.

# 70.104 - TB Testing of High Risk Groups

Last Change Date: 9/1/2004

**Deleted**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Community Service Encounter						
Community Site Educational Counseling Visit	78059*	TB	6	Unspecified Admin Purpose	V689	# 30 Min Ines
Total Population At Site	78059TP					# In Population
Total Screened Population At Site	78059SP					# Screened
High Risk Among Screened Population	78059HR					# Identified As High Risk
COMMENTS: ** These procedures should be recorded on the individual encounters and linked in the note field to the screening site by placing the site patient ID number in the notes/follow up field on the encounter screen.						
Individual Encounter						
**TB Skin Test (High Risk)	86580H	TB	6	TB Skin Test	V741	+
**TB Skin Test (Low Risk)	86580L					
TB Skin Test Read	3734					
Case Closure	1516					
COMMENTS: ** These procedures should be recorded on the individual encounters and linked in the note field to the screening site.						
TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis —OR		+
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS:						
Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.						

## 70.108 - TB Screening For Individuals, Health Department Clinic Setting

Last Change Date: 9/1/2004

**Deleted**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<del>TB Screening</del>	<del>TBS</del>	<del>TB</del>	<del>6</del>	<del>Unspecified Admin Purpose</del>	<del>V689</del>	+
<del>TB Skin Test (High Risk Patients)</del>	<del>86580H</del>	<del>TB</del>	<del>6</del> <del>OR</del> <del>AXXX</del> <del>OR</del> <del>5XXX</del>	<del>TB Skin Test</del>	<del>V741</del>	
<del>TB Skin Test (Low Risk Patients)</del>	<del>86580L</del>	<del>*TB</del>				
<del>TB Skin Test Read</del>	<del>3734</del>	<del>**MH, WH</del>				
<del>TB Skin test Second Step (See two step skin test on TBC def. page).</del>	<del>86580T</del>	<del>CH</del>				
<del>TB Skin Test (Repeat)</del>	<del>86580R</del>	<del>TB</del>	<del>6</del>	<del>TB Contact (Only)</del>	<del>V011</del>	
<del>Case Closure *** (High Risk Patient Refused Skin Test)</del>	<del>1516</del>	<del>TB</del>	<del>6</del>	<del>Unspecified Admin Purpose</del>	<del>V689</del>	

### COMMENTS:

Use of TB/LTBI Risk Assessment Tool to determine whether a patient is at high or low risk of TB infection. High risk clients patients will be counseled and offered a TB skin test. Low risk client will only be given further counseling or testing if they request it.

\*For a low risk patient employed by a community site where employees were tested, code the skin test to TB program.

\*\*For all other low risk patients, code the skin test, if given, to the appropriate program code MH, WH, or CH.

\*\*\*Write code RT (refused skin test) on the encounter form and enter into the disposition field on the PTBMIS encounter screen.

This process can stand alone or be done in addition to any other service for which the patient presents.

TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis OR		+
	99402T			Unspecified Administrative Purpose	V689	

### COMMENTS:

Advocacy may be coded as appropriate. Refer to [TennCare Section](#) to identify activities and services related to TennCare.

## 70.110 - TBC - TBC Treatment

Last Change Date: 9/1/2004

**Deleted**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
New Patient	<del>99201-99205</del>	TB	As Approp Pvt Pay -6 OR Pvt Ins (XXXX) OR TNCare - (XXXX)	<del>TB Active Pulmonary*</del> OR	<del>01000-01896</del>	+
Established Patient	<del>99211-99215</del>			<del>TB Skin Test Positive</del> OR	<del>7955</del>	
Labs Completed				<del>Positive skin test, NOT a case, taking INH</del> OR	<del>7955</del>	
<del>Venipuncture (If Done)</del>	<del>36415</del>			<del>TB Contact</del> OR	<del>V011</del>	
Lab Handling (If Outside Lab)	99000			<del>TB Suspect</del>	<del>V712</del>	
<del>X Ray See x ray Sect of Codes List</del>						
<del>DOT Only</del>	<del>99347H</del>					
<del>***Home Visit / Off-site</del>	<del>99350H</del>					
<del>Attempted Home Visit</del>	<del>99348A</del>					
<del>Drugs Use Pharmacy Module</del>						
<b>COMMENTS:</b> Prior authorization needed if not TennCare PCP.  Any visit may include DOT. If only DOT is done off site, use code 99347H						

~~\*If not pulmonary check ICD-9 codes.~~

~~\*\*\*For home visit change visit setting on encounter to "02 for "home".~~

## 70.110 - TBC - TBC Treatment (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Latent Or Active Cases		TB	6	Unspecified Admin Purpose	V689	+
Case Closure	1516					
<b>COMMENTS:</b> When a patient completes or leaves treatment the case should be closed using the 1516 procedure code and a disposition code. The disposition code should note the reason for the closure and be entered in the disposition field.  The disposition code should be recorded on the encounter form and entered into the disposition field on the PTBMIS encounter screen. Each region must make a decision where it is to be recorded on the encounter form itself, obvious places are the RES/REF field or in the right margin on the form. See the codes below:						
<b>CODE</b>	<b>Description</b>	<b>CODE</b>	<b>Description</b>	<b>CODE</b>	<b>Description</b>	
AC	Active TB developed	PD	Provider decision	PT	Patient chose to stop	
AE	Adverse effect of medicines	PL	Patient lost to follow up	TC	Treatment completed	
DE	Death	PM	Patient moved, follow up unknown	AT	Already treated	
NT	No TB found	RM	Refused medication / treatment	RE	Refused evaluation	
TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis <del>OR</del>		
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as appropriate. Refer to <a href="#">TennCare Section</a> to identify activities and services related to TennCare.						

## 70.120 - TBC - ~~TB Contact for Skin Testing~~ Skin Testing for TB Contacts

Last Change Date: 9/1/2004

**Deleted**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY	
<del>TB Screening</del>	<del>TBS</del>	TB	6	<del>Unspecified Admin Purpose</del>	<del>V689</del>	<del>+</del>	
<del>New Patient</del>	<del>99201-99205</del>				<del>TB Contact</del>	<del>V011</del>	<del>+</del>
<del>Established Patient</del>	<del>99211-99215</del>						
<del>TB Skin Test (High Risk Patient)</del>	<del>86580H</del>						
<del>TB Test -2nd Step</del>	<del>86580T</del>						
<del>TB Skin Test Read</del>	<del>3734</del>						
<del>Repeat post exposure</del>	<del>86580R</del>						
<del>Counseling</del>	<del>99401-99404</del>						
<del>Anergy Panel</del>							
<del>Mumps</del>	<del>86586</del>						
<del>Candida</del>	<del>86485</del>						
<b>Comments:</b> <del>Results of TB Skin Test should be posted to the Lab System using the DLR command with test codes 86580. Do not code Counseling if an Other Visit has been coded. Counseling is considered part of the visit. The highest level provider should code the visit. Code Counseling if service provided is counseling only. Third party pay sources may be billed for services provided to patients under the TB Program <b>WITH SIGNED CONSENT FROM THE PATIENT.</b> Refer to program guidelines for specific information.</del>  <del>Note: Link contact to source case by putting case source patient ID on encounter form and in the note/follow up field.</del>							

TennCare Advocacy	99401T	TO	6	Same as primary diagnosis <del>OR</del>		+
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> <del>Advocacy may be coded as appropriate. Refer to <a href="#">TennCare Section</a> to identify activities and services related to TennCare.</del>						

## 70.130 - TBC - Field Services

Last Change Date: 9/1/2004

**Deleted**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Field Service, (Audit, Mass Screening, Contact, Mass Education)		TB	As Approp	As Approp	As Approp	# 30 Min Ines
"C" Registration (Community Service) (Has NO Medical Record)	78059					
"L" Registration (Long) (Has Medical Record)	3560					
<b>COMMENTS:</b> <del>For Field Visits to contacts, use the source case record to establish the encounter. If source case has no record, open one. When the contact presents to clinic, open record on the contact. Refer to Section 70.120 for TB Contact Testing guidelines.</del>  <del>Use code 3560 if your PTBMIS record has a "L", long registration, or 78059 if the record has a "C", community services, registration. For either type of registration, write the number of participants in the mile column on the encounter form. (The person keying the encounter will key the number of participants in the MILE column on the EN screen.) Only codes beginning with 78,000 can be posted to a PTBMIS record with a "C" registration. For mass TB skin testing (i.e., due to employees having contact to a TB case) register the business or industry using a "L", long registration, so that TB skin tests can be posted to the record. Show number of skin tests given/read in QTY column.</del>  <del>Refer to Section 70.104 for guidelines regarding targeted Targeted TB Skin Testing for Foreign Born. should be coded to Program Code "TB" and Reimbursement (Payor) '6'.</del>						
TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis <del>OR</del>		+
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> <del>Advocacy may be coded as appropriate. Refer to <a href="#">TennCare Section</a> to identify activities and services related to TennCare.</del>						



## 70.140 - TB Screening/Skin Testing for Individuals

**Last Change Date:**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TB Screening	TBS	TB	6	Unspecified Admin Purpose	V689	1
TB Skin Test	86580	TB		TB Skin Test	V741	
TB Skin Test Read	3734	TB		TB Skin Test	V741	
<b>Comments:</b> Use of TB/LTBI Risk Assessment Tool to determine whether a patient is at high or low risk of TB infection. High-risk patients will be counseled and offered a TB skin test. Low-risk clients will only be given further counseling or testing when indicated appropriate.  See Section 230.330, page 34, for other skin test requirements						
TennCare Advocacy	99401T	TO	6	Same as primary diagnosis OR		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as appropriate. Refer to <a href="#">TennCare Section</a> to identify activities and services related to TennCare.						

## 70.150 - TB Treatment

**Last Change Date:**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
New Patient	99201 - 99205	TB	6	TB Active * OR	01000-01896	1
Established Patien	99211 - 99215			TB Skin Test Positive OR	V741	
Labs Completed				Positive skin test, NOT a case, Taking INH OR	7955	
Venipuncture (if done)	36415			TB Contact OR	V011	
Lab Handling (if outside lab)	99000			TB Suspect	V712	
X-Ray - See x-ray section of codes list						
DOT only	99347H					
Attempted Home Visit	99348A					
***Home Visit/Off Site	99350H					
Drugs – Use pharmacy module						
COMMENTS: Any visit may include DOT. If only DOT is done off-site, use code 99347H  * Check ICD-9 codes. *** For home visit change visit setting on encounter to “02 for home”.						

**TB Treatment - Continued on Next Page**

## 70.150 - TB Treatment (continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Latent Or Active Cases</u>		TB	6	Unspecified Admin Purpose	V689	1
Case Closure	1516					

### COMMENTS:

When a patient completes or leaves treatment the case should be closed using the 1516 procedure code and a disposition code. The disposition code should note the reason for the closure and be entered in the disposition field.

The disposition code should be recorded on the encounter form and entered into the disposition field on the PTBMIS encounter screen. See the codes below:

CODE	Description	CODE	Description	CODE	Description
AC	Active TB developed	PD	Provider decision	PT	Patient chose to stop
AE	Adverse effect of medicines	PL	Patient lost to follow-up	TC	Treatment completed
DE	Death	PM	Patient moved, follow-up unknown	AT	Already Treated
NT	No TB found	RM	Refused medication / treatment	RE	Refused Treatment

TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis <b>OR</b>		
	99402T			Unspecified Administrative Purpose	V689	

### COMMENTS:

Advocacy may be coded as appropriate. Refer to [TennCare Section](#) to identify activities and services related to TennCare.

## 70.160 - TB - Contact Investigation, Any Site

**Last Change Date:**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TB Screening	TBS	TB	6	Unspecified Admin Purpose	V689	1
New Patient	99201 - 99205			TB Contact	V011	
Established Patient	99211 - 99215					
TB Skin Test	86580					
TB Skin Test Read	3734					
Counseling (Do not code counseling and a visit.)	99401-99404	TB	6	TB Contact	V011	1
Attempted Visit, Home or Off Site	99348A	TB	6	TB Contact	V011	1
Initial or Follow-up Visit	99350H					
Field Service Visit, Limited	3560					
<b>Comments:</b> Note: Staff may link contact to source case by putting case source patient ID on encounter form and in the note/follow-up field on the encounter screen.						
TennCare Advocacy	99401T	TO	6	Same as primary diagnosis OR		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as appropriate. Refer to <a href="#">TennCare Section</a> to identify activities and services related to TennCare.						

## 70.170 - TB - Community Site/Targeted Testing

**Last Change Date:**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Community Service Encounter:</b>						
Community Site Educational Counseling Visit	78059*	TB	6	Unspecified Admin Purpose	V689	# 30 Min Incs
Total Population At Site	78059TP					# In Population
Total Screened Population At Site	78059SP					# Screened
High-Risk Among Screened Population	78059HR					# Identified As High Risk
Use Of Interpreter	78059IN					# Screened In Language Other Than English
<b>COMMENTS:</b> : *For community site visits when an interpreter is used or a bilingual provider conducts a session in a language other than English, code "IN" in the DISPOSITION field for procedure 78059 with appropriate units of time.						
<b>Individual Encounter:</b>						
*TB Skin Test	86580	TB	6	TB Skin Test	V741	1
TB Skin Test Read	3734					
Case Closure	1516			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> * This procedure should be recorded on the individual encounter and linked in the note field to the screening site by placing the community site patient ID number in the notes/follow-up field on the encounter screen.						
TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as appropriate. Refer to <a href="#">TennCare Section</a> to identify activities and services related to TennCare.						

## 80.010 - Dental Clinical

**Last Change Date: 9/1/2004**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Diagnostics	D0120 - D0330	DN Or DP*	Pvt Pay - 6	Dental Exam Or As Appropriate	V722 Or As Approp	1
Preventive	D1110 - D1351		<b>OR</b>			
Restorative	D2110 - D2954		Pvt Ins - (5XXX)			
Endodontic	D3110 - D3430		<b>OR</b>			
Periodontic	D4210 - D4341		TNCare -			
Removable Prosthetics	D5110 - D5761		(AXXX ADDS;)			
Fixed Prosthetics	D6210 - D6930		<b>OR</b>			
Surgical	D7110 - D7960		Ryan White -			
Palliative	D9110		(5RWB)			
Dental Consultation	30066					
<del>Exam, Periodic, Oral (21 And Over - Access MedPlus)</del>	<del>00120</del>					

### COMMENTS:

~~Clinical dental services are individual care programs provided in fixed facilities affiliated with the health department. Use same procedure codes for Headstart Request and use an insurance code for each individual Headstart contract~~

Adult Dental

For private pay adults who receive dental services the appropriate procedure code followed by the "A" modifier must be used. (These modified codes are set up specifically for adult, private pay dental patients and will slide no more than 25% of the standard fee plus any applicable lab costs.

For private pay adults, there is a minimum fee of \$10.00 per visit, to be paid at the time of visit. Before the patient leaves the Health Department, the encounter should be keyed (using the dental procedure(s) with the "A" modifier and **UPDATED - BUT NOT FINALIZED**. If the balance due from the patient for the services received is less than \$10.00, the command "**MINF DN**" (**MINF** space Plg DN code) should be entered, while on the encounter screen. The difference between the patients charge(s) for the day's visit and the \$10.00 minimum will be calculated by the system and applied to the balance due. The "Update Complete" message will be shown and the encounter can then be finalized.

**80.010 Dental Clinical Continued on next page**

## 80.010 - Dental Clinical (continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Comments:</b>						
*Non - TennCare patients when seen in mobile or school-based transport should be coded to program code DP and payor code 6 so that no charge is incurred.						
TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V589	
<b>COMMENTS:</b> Advocacy May Be Coded As Appropriate. Refer To <a href="#">TennCare Section</a> To Identify Activities And Services Related To TennCare.						

## 80.020 - Preventive Services

[Last Change](#) Date: 11/02/2001

Deleted

## 80.030 - Dental Preventive - Field Services

[Last Change](#) Date: 11/02/2001

Deleted

## 80.040 - Dental School-Based Services -- Screenings And Group

Last Change Date: 9/1/2004

**Deleted**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<del>School Based Dental Screening</del>	<del>78059</del>	<del>DP</del>	<del>6</del>	<del>Health Issues OR</del>	<del>V654</del>	<del># Of 30 Min Ines</del>
				<del>Exams Special Groups</del>	<del>V705</del>	
<b>COMMENTS:</b> <del>Code 78059 must be coded in 30 minute increments using a "C" (Community Service) registration. This code should be used to capture time spent screening children in the school based dental program</del>						
<del>Dental Sealant*</del>	<del>D1351</del>	<del>DP</del>	<del>6</del>			<del># Of Teeth Sealed</del>
<del>Fluoride Tabs</del>	<del>30082</del>					<del># Of 30 Min Ines</del>
<del>Fluoride Rinse</del>	<del>30214</del>					
<del>Daily Tooth Brushing</del>	<del>30230</del>					
<del>Field Service Group Education</del>	<del>3560</del>					
<del>Education / Contract @ \$1.00 / Unit</del>	<del>10299</del>					<del># Units</del>
<b>COMMENTS:</b> <del>The code 3560 should be used to capture administrative time spent preparing for Sealant Clinics (meetings with principal, teachers, showing educational video, securing permission slips, etc.) Quantity should be recorded in 30 minute increments for all procedures except for codes D1351 (dental sealants) with quantity showing the number of teeth sealed. Use code 10299 (Education / Contract Services at \$1.00 per unit) when a charge needs to be generated. Show number of units in the QTY column to equal total contracted fees. (i.e., \$100.00 contracted fee, show 100 in QTY column.)</del>						



## 80.050 - Dental School-Based Services -- Individual

[Last Change](#) Date: 9/1/2004

### Deleted

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Periodic Oral Evaluation	D0120S	DP	6	Oral Exam	V722	+
Sealants (Per Tooth)	D1351S			Dental Caries	S210	+
<b>COMMENTS:</b> For each tooth sealed, the tooth number must be entered on the encounter form in the RES/REF field.						

# 100.140 - Vasectomy - Initial Counseling and Consent

Last Change Date: 9/1/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Preventive Counseling</u>		FP	Pvt Pay - 6 <b>OR</b> TnCare - (AXXX) <del>(*With Prior Authorization)</del>	Other Family Planning Counseling	V2509	1
15 Minutes	99401					
30 Minutes	99402					
45 Minutes	99403					
60 Minutes	99404					
<b>COMMENTS:</b> <del>For private pay patients, charges for vasectomies will slide based on income. The family planning program may be billed for patients below the poverty level or for the adjusted amount after slide is applied. (For example: if the patient liability slides to 50%, the patient is expected to pay 50%; the remaining 50% can be billed to Family planning, according to their instructions)</del>  <del>* For TennCare eligibles, prior authorization for the procedure should be obtained from the patient's MCO.</del>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as appropriate. Refer to <a href="#">TennCare Section</a> to identify activities and services related to TennCare.						

# 100.150 - Vasectomy - Preventive Visit Done During An FP Visit

Last Change Date: 9/1/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Preventive Visit New Patient</u>		FP	Pvt Pay - 6 <b>OR</b> TnCare - (AXXX) <del>(*With Prior Authorization)</del>	Other Family Planning Counseling	V2509	1
18-39 Yrs.	99385					
40-64 Yrs.	99386					
<u>Preventive Visit, Established Patient</u>						
18-39 Yrs.	99395					
40-64 Yrs.	99396					
<b>COMMENTS:</b> <del>For private pay patients, charges for vasectomies will slide based on income. The family planning program may be billed for patients below the poverty level of for the adjusted amount after slide is applied. (For example: if the patient liability slides to 50%, the patient is expected to pay 50%; the remaining 50% can be billed to Family planning, according to their instructions).</del>  <del>* For TennCare eligibles, prior authorization for the procedure should be obtained from the patient's MCO.</del>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as appropriate. Refer to <a href="#">TennCare Section</a> to identify activities and services related to TennCare.						

# 100.160 - Vasectomy and Follow-Up Sperm Count

Last Change Date: 9/1/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
**Vasectomy And Follow-Up Sperm Count	55250	FP	Pvt Pay - 6 <b>OR</b> *TnCare (With Prior Authorization) - (AXXX)	Sterilization	V252	1
<b>COMMENTS:</b> For private pay patients, charges for vasectomies will slide based on income. The family planning program may be billed for patients below the poverty level of for the adjusted amount after slide is applied. (For example: if the patient liability slides to 50%, the patient is expected to pay 50%; the remaining 50% can be billed to Family planning, according to their instructions)  * For TennCare eligibles, prior authorization for the procedure should be obtained from the patient's MCO.  ** Charges and RVUs for follow up sperm count lab work are included in the procedure.						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as appropriate. Refer to <a href="#">TennCare Section</a> to identify activities and services related to TennCare.						

## 220.060 Vaccine Codes - On-Site Clinics

**Last Change Date: 9/1/2004**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
"L" Registration (Long) (Has Medical Record)		As Approp	As Approp	As Approp	As Approp	1

  

VACCINE	CODE	VACCINE	CODE
Chicken Pox Disease History	CPD	Influenza-Children ( 3 Though 18 Years Of Age)	FLC
Chicken Pox	CPX	Immune Serum Globulin	ISG
DTP - HIB Comb. Vaccine	DHB	Lyme Disease (E. TN)	LYM
DT - Pediatric	DT	Measles	MEA
Diphtheria, Tetanus, Acellular Pertussis	DTA	Meningococcal	MEN
DTaP-Hep.B-IPV Combination Vaccine	DHI		
Diphtheria, Tetanus, Acellular Pertussis, PLUS Hemophilus / INFB	DTH	Measles, Mumps & Rubella	MMR
Hemophilus / INFB 3 Dose	HI3	Measles & Rubella	MR
Hemophilus / INFB 4 Dose	HI4	Mumps	MUM
Hepatitis A -- Adult	HAA	Pneumococcal	PNE
Hepatitis A -- Pediatric (Ages 2-17)	HAP	Polio, Oral	OPV
Hepatitis B -- 20 Yrs And Up	HBO	Rabies, Post Exposure	POR
Hepatitis B -- Newborn Thru 19 Yrs	HBV	Rabies, Pre-Exposure (Group)	PR2
Hepatitis B (Contract)	HBC	Rabies, Pre-Exposure (Single)	PR5
Hepatitis B (Dialysis / Immune Suppressed)	HBD	Respiratory Syncytial Virus	RSV
Hepatitis B Immune Globulin	HIG	Rotavirus (Shelby County)	RTV
HIB & Hepatitis B Comb.	HHB	Rubella	RUB
Inactive Polio	IPV	Strep Pneumonia (PNE Conjugate)	STP
Influenza (Adults)	FLU	Tetanus-Diphtheria	TD
Influenza-Babies (6 Though 35 Months Of Age)	FLB	Tetanus	TET

**220.060 VACCINE CODES - ON-SITE CLINICS (Continued on Next Page)**

## 220.060 VACCINE CODES - ON-SITE CLINICS (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as appropriate. See <a href="#">TennCare Section</a> to identify activities and services related to TennCare.						

## 230.330 - Tuberculin Skin Test Only (Not Associated With TB Program Activity)

**Last Change Date: 9/1/2004**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TB Screening	TBS	TB	6	Unspecified Admin Purpose	V689	1
TB Skin Test ( <del>High Risk Patients</del> )	86580H	CH OR MH OR WH	As Approp	TB Skin Test	V741	
<del>TB Skin Test (Low Risk Patient)</del>	<del>86580L</del>					
<del>TB Skin Test (No Slide) * HIGH RISK</del>	<del>86580NH</del>					
TB Skin Test (No Slide)* <del>LOW RISK</del>	86580NS					
<del>TB Test - 2nd Step</del>	<del>86580T</del>					
TB Skin Test Read	3734					
<b>COMMENTS:</b> When patient returns to have skin test read, record the results in the lab module. If the test is negative and patient is not a contact, then nothing further is needed. If test is negative and patient is a contact, refer to Section <del>70.110 (Continued)</del> 70.150 - TB Treatment for additional information.  If test is positive, refer to <del>Section 70.110</del> . 70.150 - TB Treatment.  * For employment or job required tests only, where the patient should pay full charge.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as appropriate. See <a href="#">TennCare Section</a> to identify activities and services related to TennCare.						

## 230.340 - Preventive / Required Occupational Health Services for Health Department Employees\*

**Last Change Date: 9/1/2004**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TB Skin Test <del>(High Risk)</del>	86580H	EH	6	TB Skin Test	V741 or as Appropriate	1
<del>TB Skin Test (Low Risk)</del>	<del>86580L</del>			<del>Read Positive</del>	<del>7955</del>	
<del>TB Test -- 2nd Step</del>	<del>85680T</del>			<del>Read Negative</del>	<del>V741</del>	
TB Skin Test Read	3734					
X-Ray If Indicated-- See X-Ray Section Of Codes List						
Prophylactic Treatment For LBTI New Converter -- See Drug Section Of Codes List						
Hepatitis B-HB Vaccine	HBO					
MMR Vaccine	MMR					
Varicella Vaccine	CPX					
Influenza Vaccine	FLU					
HBIG	HIG					
Antibody Testing -- See Antibody Section Of Codes List						
Antibody Testing --(Anti-HBs)						
Antibody Testing - HbsAg						
Antibody Testing - HCV Aniline Amniotransferase (ALT)						
Antibody Testing --HIV With EIA						

230.340 - Preventive / Required Occupational Health Services for Health Department Employees\* continued on next page



**230.340 - Preventive / Required Occupational Health Services for Health Department Employees\* (Continued)**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
HIV Post Exposure Prophylaxis -- See Drug Section Of Codes List		EH	6			1
Tetanus (All Dental Staff And Any Nursing Staff Who Apply Dental Flouride Varnish)	TD					
New Patient	99021 - 99205					
Established Patient	99211 - 99215					

\* All other services provided to health department employees will be coded to appropriate programs (MH, CH, WH, etc) and billed as usual.